. *PATENT APPLICATION FEE DETERMINATION RECO Effective OCUDER1, 2003									•	011	~~/		·
CLAIMS AS FILED - PART I									SMALL		126	56 OTHE	P THAN
	TOTAL CLAIMS (Column 1) (Column 2)								TYPE		OR		ENTITY
								RATE	FEE		RATE	FEE	
FOR			NUMBER FILED NUM			BER EXTRA		BASIC FE	##385	OR	BASIC FEI	3770	
TOTAL CHARGEABLE CLAIMS			minus 20= *		•			X\$Q =		OR	140.00	1	
INDEPENDENT CLAIMS			mlnus 3 =			•		X43=	<del> </del>	1	×8b=		
MULTIPLE DEPENDENT CLAIM PR				RESENT					-	OR		<b></b>	
•	* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	· · · ·	OR	+290=	
	CLAIMS AS AMENDED DARTH								TOTAL	<u> </u>	OR	TOTAL	<u> </u>
0	13/04	Coli	ımn 1) Alms	·	(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	THAN ENTITY
AMENDMENTA		REM	AINING TER DMENT		NUME PREVIO PAID F	BER HUSLY	PRESENT EXTPA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total .	1	<u>5_</u>	Minus	2	0	= (		X\$9=	17	OR	X\$(8=	
¥	Independent	1. 1	<u>+</u>	Minus	1 *** 1	<u>.                                    </u>		Γt	XXZ	1	OR	18/c	
<b>L</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145:=		OR	-340°-7		
			•		•		•	L	TOTAL	-		TOTAL	
	13 (Column 1) (Column 2) (Column 3)							A	DDIT. FEE	-	<b>1</b> 0,	ADDIT, FEE	
AMENDMENT B		REMA	TER .		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 7	· 7	Minus	· 20	)	•		x19=		OR	×\$/8=	
AM	Independent FIRST PRESE	NTATION	OF ML	Minus JLTIPLE DEI	PENDENT	CLAIM			XI3=		OR	×86≠	
•		٠.	٠,		•				+145=		OR	<b>€</b> 990=	
							. •	AE	TOTAL DIT. FEE		OR A	TOTAL ODIT: FEE	·
: .		(Colun			(Columi	n 2)	(Column 3)						
AMEND)MENT C		REMAI AFTI AMEND	NING ER		HIGHE NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	•		Minus	44 .	1	= .	Γ	X\$9=		OR	X\$[8=	
ğ.	Independent	•		Minus	***		= .	-	x43=		ŀ	<del></del>	
<u> </u>	FIRST PRESE	LTIPLE DEF	-	^1 <i>J</i> =		OR	×86-						
+ If the entry in column 1 in less than the entry in column 1.											भीक	i	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OTAL ADDIT. FEE  ADDIT. FEE													
T	he "Highest Numi	ber Previou	usly Paid	For (Total or	independent	ess than ) is the h	o, enter "3." ighest number		_	ropriate box			

Application or Docket Number